

WCFA CHECK REQUEST

Date Requested: _____

Date Required: _____

Purchase Order #: _____

Committee: _____ Chairman: _____

Signature of Person Making Request: _____

Check made payable to: _____

Amount of Check: _____

Purpose for Expenditure: _____

Source of Funds To Cover Check: (entry fees, donations, budget, etc.) _____

Attach receipt or documentation for request.

Special instructions (mailing address, etc.)